

MAR 3 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2745

1. PLACE OF DEATH
 84 County Polk Registration District No. 705
 Township N. Benton Primary Registration District No. 5934
 City Buffalo (No.) St. Ward

2. FULL NAME Semantha Engle
 (a) Residence, No. St. Ward
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. O. Engle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1867

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>65</u>	<u>09</u>	<u>18</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Dallas Co (STATE OR COUNTRY) Mo

FATHER
 13. NAME A. B. Rice
 14. BIRTHPLACE (CITY OR TOWN) Arkansas (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Apel Brown
 16. BIRTHPLACE (CITY OR TOWN) Arkansas (STATE OR COUNTRY)

17. INFORMANT M. O. Engle (ADDRESS) Buffalo Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE 1-15, 1933
 19. UNDERTAKER L. B. Jones (ADDRESS) Buffalo Mo.
 20. FILED Jan 15, 1933 W. H. Stewart Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-3, 1933, to 1-10, 1933
 I last saw her alive on 1-10, 1933 Death is said to have occurred on the date stated above, at 3 a. m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
influenza
 Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) W. H. Stewart, M. D.
 (Address) Buffalo Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occurrence is very important.

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1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that this is essential for ensuring transparency and accountability in the organization's operations.

2. The second part of the document outlines the various methods and tools used to collect and analyze data. It highlights the need for consistent data collection procedures and the use of advanced analytical techniques to derive meaningful insights from the data.

3. The third part of the document focuses on the role of technology in data management and analysis. It discusses how modern software solutions can streamline data collection, storage, and analysis processes, thereby improving efficiency and accuracy.

4. The fourth part of the document addresses the challenges associated with data management, such as data quality, security, and privacy. It provides strategies to mitigate these risks and ensure that the organization's data remains secure and compliant with relevant regulations.

5. The fifth part of the document concludes by summarizing the key findings and recommendations. It stresses the importance of a data-driven approach to decision-making and the need for ongoing monitoring and evaluation of the data management process.